

ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. S 120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Daniel D. Ryan (29,243)
John M. Manion (38,957)
Daniel R. Johnson (46,204)
Laura A. Dable (46,436)

Joseph A. Kromholz (34,204)
Patricia Jones (46,318)
Arnold J. Ericson (16,879)
Patricia A. Limbach (P-50,295)

(check the following item, if applicable)

- [] Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

SEND CORRESPONDENCE TO

Daniel D. Ryan
RYAN KROMHOLZ & MANION, S.C.
Post Office Box 26618
Milwaukee, Wisconsin 53226-0618

DIRECT TELEPHONE CALLS TO:

Daniel D. Ryan
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(262) 783 - 1300

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

James (GIVEN NAME) A (MIDDLE INITIAL OR NAME) Brady, M.D. (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date 3/28/02 Country of Citizenship US
 Residence (City, State/Country) South Hampton, New York
 Post Office Address 80 Sanford Place
 South Hampton, New York 11968

Full name of second joint inventor, if any

James (GIVEN NAME) F (MIDDLE INITIAL OR NAME) Winchester, M.D. (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date 3/22/02 Country of Citizenship US
 Residence (City, State/Country) New York, New York
 Post Office Address 200 East 64 Street, #16B
 New York, New York 10021

Full name of third joint inventor, if any

Vadim (GIVEN NAME) (MIDDLE INITIAL OR NAME) Davankov (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date _____ Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Leningradskoe Shosse 112/1,k.3 kv.825
 Moscow 125445, Russia

Full name of fourth joint inventor, if any

Maria (GIVEN NAME) (MIDDLE INITIAL OR NAME) Tsyurupa (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date _____ Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Serafimovicha 2-230
 Moscow 109072, Russia

Full name of fifth joint inventor, if any

Ludmila (GIVEN NAME) (MIDDLE INITIAL OR NAME) Pavlova (FAMILY (OR LAST NAME))
 Inventor's signature _____
 Date _____ Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Zemlyanoi Vat2/50-64
 Moscow 103064, Russia

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of sole or first inventor

James	A	Brady, M.D.
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature _____		
Date _____	Country of Citizenship _____	US
Residence (City, State/Country) _____		South Hampton, New York
Post Office Address _____		80 Sanford Place
		South Hampton, New York 11968

Full name of second joint inventor, if any

James	F	Winchester, M.D.
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature _____		
Date <u>3/2/02</u>	Country of Citizenship _____	US
Residence (City, State/Country) _____		New York, New York
Post Office Address _____		200 East 64 Street, #16B
		New York, New York 10021

Full name of third joint inventor, if any

Vadim		Davankov
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature _____		
Date _____	Country of Citizenship _____	Russia
Residence (City, State/Country) _____		Moscow, Russia
Post Office Address _____		Leningradskoe Shosse 112/1, k.3 kv.825
		Moscow 125445, Russia

Full name of fourth joint inventor, if any

Maria		Tsyurupa
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature _____		
Date _____	Country of Citizenship _____	Russia
Residence (City, State/Country) _____		Moscow, Russia
Post Office Address _____		Serafimovicha 2-230
		Moscow 109072, Russia

Full name of fifth joint inventor, if any

Ludmila		Pavlova
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
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 Residence (City, State/Country) South Hampton, New York
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 South Hampton, New York 11968

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James (GIVEN NAME) F (MIDDLE INITIAL OR NAME) Winchester, M.D. (FAMILY (OR LAST NAME))
 Inventor's signature *[Signature]*
 Date 3/22/02 Country of Citizenship US
 Residence (City, State/Country) New York, New York
 Post Office Address 200 East 64 Street, #16B
 New York, New York 10021

Full name of third joint inventor, if any

Vadim (GIVEN NAME) (MIDDLE INITIAL OR NAME) Davankov (FAMILY (OR LAST NAME))
 Inventor's signature *[Signature]*
 Date 3/26/02 Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Leningradskoe Shosse 112/1, k.3 kv.825
 Moscow 125445, Russia

Full name of fourth joint inventor, if any

Maria (GIVEN NAME) (MIDDLE INITIAL OR NAME) Tsyurupa (FAMILY (OR LAST NAME))
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 Moscow 125445, Russia

Full name of fourth joint inventor, if any

Maria (GIVEN NAME) (MIDDLE INITIAL OR NAME) Tsyurupa (FAMILY (OR LAST NAME))
 Inventor's signature *[Signature]*
 Date 03/29/02 Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Serafimovicha 2-230
 Moscow 109072, Russia

Full name of fifth joint inventor, if any

Ludmila (GIVEN NAME) (MIDDLE INITIAL OR NAME) Pavlova (FAMILY (OR LAST NAME))
 Inventor's signature *[Signature]*
 Date 03/29/02 Country of Citizenship Russia
 Residence (City, State/Country) Moscow, Russia
 Post Office Address Zemlyanoi Vat2/50-64
 Moscow 103064, Russia

CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH
FORM A PART OF THIS DECLARATION

☒ Signature for sixth and subsequent joint inventors. Number of pages added 1

* * *

☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____

* * *

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added _____

* * *

☒ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

☒ Number of pages added 2

* * *

☐ Authorization of attorney(s) to accept and follow instructions from representative

* * *

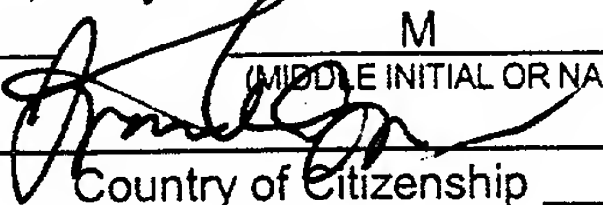
(If no further pages form a part of this declaration then end this declaration with this page and check the following item:)

☐ This declaration ends with this page

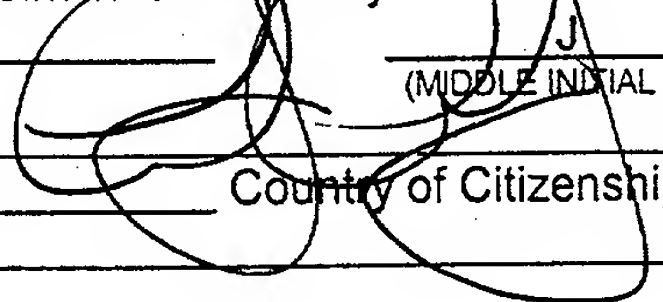
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NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

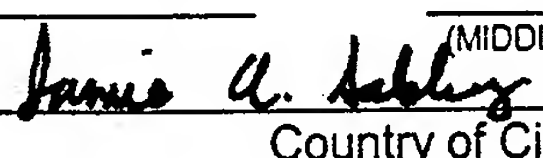
Full name of sixth joint inventor, if any

Frank M Norris
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature 
 Date 3/22/02 Country of Citizenship US
 Residence New York, New York
 Post Office Address 325 East 64 Street, #507
 New York, New York 10021

Full name of seventh joint inventor, if any

Peter J Quartararo, Jr.
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature 
 Date 3-22-02 Country of Citizenship US
 Residence New York, New York
 Post Office Address 320 East 65 Street, #321
 New York, New York 10021

Full name of eighth joint inventor, if any

Jamie A Salsberg
 (GIVEN NAME) (MIDDLE INITIAL OR NAME) FAMILY (OR LAST NAME)
 Inventor's signature 
 Date 3/22/02 Country of Citizenship US
 Residence New York, New York
 Post Office Address 401 East 34 Street # S6K
 New York, New York 10016



Attorney's Docket No. 9386.17711-A

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR DIVISIONAL, CONTINUATION OR C-I-P APPLICATION**

(complete this part only if this is a divisional, continuation or C-I-P application)

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S) UNDER 35 U.S.C. 120

I hereby claim the benefit under Title 35, United States Code, S 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, S 112, I acknowledge the duty to disclose information that is material to the examination of this application, namely, information where there is substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS
DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:**

		Status (CHECK ONE)		
U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending	Abandoned
1. 0 9 /832,159	04/10/2001		X	
2. 0 9/829,252	04/10/2001		X	
3. 0 9 /294,224	04/19/1999		X	
4. 08/902,727	07/30/1997	X		

PCT APPLICATIONS DESIGNATING THE U.S.

PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NOS. ASSIGNED (if any)
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

35 USC 119 PRIORITY CLAIM, IF ANY, FOR ABOVE LISTED U.S./PCT APPLICATIONS

**DETAILS OF FOREIGN APPLICATION FROM WHICH PRIORITY APPLICATION
CLAIMED UNDER 35 USC 119**

Above Appln. No.	Country	Application No.	Date of filing (day, month, year)	Date of issue (day, month, year)
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Brady et al.

Group No.: Unknown

Serial No.: 10/036,732

Examiner: Unknown

Filed: 21 December 2001

For: Devices, Systems, and Methods for Reducing Levels of Pro-Inflammatory or Anti-Inflammatory Stimulators or Mediators in the Blood, Generated as a Result of Extracorporeal Blood Processing

Commissioner of Patents
Washington, D.C. 20231

**STATEMENT BY ATTORNEY THAT APPLICATION FILED IN PTO IS THE
ONE INVENTOR(S) EXECUTED BY SIGNING DECLARATION**

I, Daniel D. Ryan, Registration No. 29,243, of RYAN KROMHOLZ & MANION, S.C., P.O. Box 26618, Milwaukee, Wisconsin 53226-0618, {(262) 783-1300} state I am an attorney for this application and the application identified above is the application which the inventor(s) executed by signing the declaration which is being submitted herewith.

CERTIFICATE OF MAILING (37 CFR 1.8a)

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Date 18 April 2002

By

Judith Dunaway

(Typed Name of Person Signing Paper)